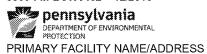


COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

PRIMARY FACIL	LITY NAME	'ADDRESS		DIS	CHARG	SE MONITO	ORING	REPO	RT (DI	/IR)								
NAME	U.S. Ste	el Fairless Hills Facilit	<u>y</u>						*************									
CLIENT	U.S. Ste	el Corporation		P.	A00134	63			00	2		Repo	orting Frequ	ency:	S	emi-Annua	lly	
ADDRESS	1 Ben Fa	irless Drive		PERI	MIT NU	MBER		OU	TFALL	NUMB	ER	DMF	R Effective F	rom:	D	ecember 1	, 2021	
	Fairless I	Hills, PA 19030-5012										DMR	Effective T	o:	N	ovember 3	0, 2026	
LOCATION	Falls Tow	nship				MONITO	RING F	PERIOD				Pern	nit Expires:		N	ovember 3	0, 2026	
	Bucks Co	ounty		YEAR	МО	DAY		YEAF	R M	0 [OAY	Perm	nit Applicatio	n Due:	Ju	une 3, 2026	3	
WATERSHED	2-E						то						Check Here	e if No D	ischarge	е		
													E: Read Ins		before	completing	g this fo	rm
PARAME	TER			NTITY OR I		G UNITS) / A	QL LUE		OR CC		RATION	UNITS	NO. EX		UENCY NALYSIS		MPLE YPE
		SAMPLE	VALUE	VAL	UE	UNITS	VA	LUE	VA	LUE	+	ALUE	UNITS	 [^	UF AI	VAL 1515		TPE
Carbonaceous Biochemical Ox	waen	MEASUREMENT					ļ					leport					•••••	
Demand (CBOI		PERMIT REQUIREMENT	XXX	XX	x	XXX	x	XX	X	XX		ily Max	mg/L		1/6 ו	months	G	ab
		SAMPLE MEASUREMENT																
Chemical Oxyg Demand (COD		PERMIT REQUIREMENT	XXX	XX	x	xxx	Х	XX	Х	XX		leport ily Max	mg/L		1/6 ı	months	G	irab
		SAMPLE MEASUREMENT																
Total Suspende	ed Solids	PERMIT REQUIREMENT	XXX	XX	×	xxx	Х	XX	Х	XX		leport ily Max	mg/L		1/6 ı	months	G	Brab
		SAMPLE MEASUREMENT																
Oil and Grease		PERMIT REQUIREMENT	XXX	XX	X	XXX	X	XX	Х	XX		leport ily Max	mg/L		1/6 r	months	G	irab
		SAMPLE MEASUREMENT																
Aluminum, Tota	al	PERMIT REQUIREMENT	XXX	XX	x	XXX	X	XX	Х	XX		leport ily Max	mg/L		1/6 r	months	G	Brab
		SAMPLE MEASUREMENT																
Cadmium, Tota	ıl	PERMIT REQUIREMENT	XXX	XX	x	XXX	X	XX	Х	XX		leport ily Max	mg/L		1/6 r	months	G	irab
NAME/TITLE P	RINCIPAL EX	ECUTIVE OFFICER	I certify under penalty direction or supervision that qualified personne	n in accordance wit	h a system d	esigned to assure							TEL	EPHONI			DATE	
			that qualified personned Based on my inquiry of or those persons direct information submitted	of the person or per otly responsible for	sons who magathering the	anage the system e information, the												
Т	YPED OR PR	INTED	accurate and complete for submitting false ii imprisonment for know	e. I am aware that nformation, includir	there are sign ng the possi	gnificant penalties bility of fine and		NATURE OFFICER					AREA CODE	NUM	BER	YEAR	MO	DAY



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NAME	U.S. Ste	eel Fairless Hills Facility	<u>/</u>				_								
CLIENT	U.S. Ste	eel Corporation		Р	A00134	163			002		F	Reporting Frequ	ency:	Semi-Annua	lly
ADDRESS	1 Ben Fa	airless Drive		PERI	UN TIN	MBER		OUT	FALL N	UMBER		MR Effective F	rom:	December 1	, 2021
	Fairless	Hills, PA 19030-5012										MR Effective T	o:	November 3	0, 2026
LOCATION	Falls Tov	wnship				MONITO	RING	PERIOD			F	Permit Expires:		November 3	0, 2026
	Bucks Co	ounty		YEAR	МО	DAY		YEAR	МО	DAY	T F	ermit Application	on Due:	June 3, 202	 3
WATERSHED	2-E						то					Check Her			
						<u></u>			!		 			s before completing	g this form
PARAME	TFR			NTITY OR I						R CONCE			NO.	FREQUENCY	SAMPLE
71171112		SAMPLE	VALUE	VAL	UE	UNITS	VA	LUE	VAL	UE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
		MEASUREMENT													
Chromium, Tota	al	PERMIT REQUIREMENT	XXX	T xx	v	xxx		xx	XX	V	Report			1/6 months	Grab
Chromium, Tota	<u> </u>	SAMPLE		 ^^	^	^^^	 	^^ -+	^^	^	Daily Ma	x mg/L		176 months	Glab
		MEASUREMENT													
Copper, Total		PERMIT REQUIREMENT	XXX	l xx	x	XXX	x	xx	XX	×	Report Daily Ma			1/6 months	Grab
		SAMPLE MEASUREMENT													
Iron, Dissolved		PERMIT REQUIREMENT	XXX	XX	x	XXX	X	xx	XX	х	Report Daily Ma			1/6 months	Grab
		SAMPLE MEASUREMENT													
Iron, Total		PERMIT REQUIREMENT	XXX	XX	Х	XXX	X	XX	XX	х	Report Daily Ma			1/6 months	Grab
		SAMPLE MEASUREMENT													
Lead, Total		PERMIT REQUIREMENT	XXX	XX	X	XXX	×	xx	XX	x	Report Daily Ma			1/6 months	Grab
M-00-00-00-00-00-00-00-00-00-00-00-00-00		SAMPLE MEASUREMENT													
Nickel, Total		PERMIT REQUIREMENT	XXX	XX	Х	XXX	X	xx	XX	x	Report Daily Ma			1/6 months	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.		TEI	EPHONE		DATE	
	Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,						
TYPED OR PRINTED	 accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). 	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY
COMMENTS (Report all violations on the "Non-Co	ompliance Reporting Form")						



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NAME	U. S. Steel Fairless Hills Facility						` '			
CLIENT	U. S. Steel Corporation	P	A00134	63]		002		Reporting Frequency:	Semi-Annually
ADDRESS	1 Ben Fairless Drive	PERMIT N				OUTF/	ALL NU	MBER	DMR Effective From:	December 1, 2021
-	Fairless Hills, PA 19030-5012								DMR Effective To:	November 30, 2026
LOCATION	Falls Township		~~~~~~	MONITO	RING F	PERIOD	4000000000000000		Permit Expires:	November 30, 2026
	Bucks County	YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	June 3, 2026
WATERSHED	2-E	_			то				Check Here if No Dis	charge
									NOTE: Read Instructions b	efore completing this form

PARAMETER		QUAN	TITY OR LOADII	٧G	Ql	JALITY OR CO	NCENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
	SAMPLE MEASUREMENT										
Zinc, Total	PERMIT REQUIREMENT	XXX	XXX	xxx	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT										
PCBs Dry Weather Analysis	PERMIT REQUIREMENT	XXX	XXX	xxx	XXX	XXX	Report Daily Max	pg/L		1/6 months	24-Hr Composite
	SAMPLE MEASUREMENT										
PCBs Wet Weather Analysis	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	pg/L		1/6 months	24-Hr Composite

ME/TITLE PRINCIPAL EXECUTIVE OFFICER direction or supervision in accordance	for submitting talse information, including the possibility of time and		TEL	LEPHONE	L	DATE	
Based on my inquiry of the person or or those persons directly responsible							
TYPED OR PRINTED for submitting false information, incluimprisonment for knowing violations. S		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY



NAME

CLIENT

ADDRESS

LOCATION

PRIMARY FACILITY NAME/ADDRESS

U. S. Steel Fairless Hills Facility

Fairless Hills, PA 19030-5012

U. S. Steel Corporation

1 Ben Fairless Drive

Falls Township

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION **BUREAU OF CLEAN WATER**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

002

OUTFALL NUMBER

L VEAD LAG L DAY

Avg Mo

mg/L

Reporting Frequency:

DMR Effective From:

DMR Effective To:

Permit Expires:

Monthly

December 1, 2021

November 30, 2026

November 30, 2026

PA0013463

PERMIT NUMBER

Bucks	County		YEAR	MO	DAY		YEAF	R MO	DAY	Perr	nit Applicatio	n Due:	June 3, 2026	3
WATERSHED 2-E						то					Check Here	if No D	ischarge	
										 ГОИ	ΓE: Read Ins	tructions	s before completing	g this form
PARAMETER			NTITY OR							NTRATION		NO.	FREQUENCY	SAMPLE
TAIVAMETER		VALUE	VAL	UE	UNITS	VAL	.UE	VALU	E	VALUE	UNITS	EX	OF ANALYSIS	TYPE
	SAMPLE MEASUREMENT													
Flow	PERMIT REQUIREMENT	Report Avg Mo	XX	X	MGD	X	(X	XXX		XXX	xxx		2/month	Estimate
	SAMPLE MEASUREMENT													
pH	PERMIT REQUIREMENT	XXX	XX	X	XXX	6. Inst	0 Min	XXX		9.0 IMAX	S.U.		2/month	Grab
	SAMPLE MEASUREMENT													
Temperature (deg F)	PERMIT REQUIREMENT	XXX	XX	X	xxx	×	(X	XXX		110 IMAX	°F		2/month	I-S
	SAMPLE MEASUREMENT													
Oil and Grease	PERMIT REQUIREMENT	XXX	T xx	Х	xxx	XX	(χ	15.0 Ava N		XXX	ma/L		2/month	Grab

MONITORING PERIOD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel patter and evaluate the information submitted		TEI	LEPHONE		DATE							
	that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).												
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY						



NAME

PRIMARY FACILITY NAME/ADDRESS

U. S. Steel Fairless Hills Facility

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

CLIENT	U.S. Ste	el Corporation		P	A00134	63			004			Reporting Fre	equency:	s	Semi-Annually		
ADDRESS	1 Ben Fai	rless Drive		PERI	IUN TIN	MBER		OUTF	ALL NU	MBER		DMR Effectiv	e From:	D	ecember 1	, 2021	
	Fairless H	lills, PA 19030-5012										MR Effectiv	е То:	N	ovember 3	0, 2026	
LOCATION	Falls Tow					MONITO	RING P	ERIOD			٦,	Permit Expire	s:	N	ovember 3	0. 2026	
	Bucks Co			YEAR	МО	DAY		YEAR	МО	DAY	_	ermit Applic		 ال	une 3, 2020	ີ ວ	
WATERSHED	2-E		immannannannannannan				то		†*****		7		lere if No			-	
WATEROHED	£-L				I		ı		J		 	IOTE: Read		_		a this fo	rm
DADAME			QUAI	NTITY OR L	OADIN			QUA	LITY OR	CONCE			NO.	FREC	UENCY		MPLE
PARAMET			VALUE	VAL	JE	UNITS	VAI	LUE	VALU		VALUE	UNIT	S EX	OF A	VALYSIS	T	YPE
		SAMPLE MEASUREMENT															
		PERMIT	3007	,,,,	,	\0.04		.04			Report			4.0			
pH		REQUIREMENT SAMPLE	XXX	XXX	<u> </u>	XXX	X	XX	XXX		Daily Ma	x S.U.		1/6	months	G	irab
Carbonaceous		MEASUREMENT															
Biochemical Oxy Demand (CBOD		PERMIT REQUIREMENT	XXX	l xx	, l	XXX	X	xx	XXX		Report Daily Ma			1/6	months	G	irab
(SAMPLE MEASUREMENT															
		PERMIT									Report	\dashv	-				
Total Suspended	d Solids	REQUIREMENT	XXX	XXX	<	XXX	X	XX	XXX		Daily Ma	x mg/L		1/6	months	G	irab
		SAMPLE MEASUREMENT															
Oil and Grease		PERMIT REQUIREMENT	XXX	XXX	,	XXX	V	xx	XXX		Report Daily Ma			1/6	months	G	irab
Oli and Orease		SAMPLE		+^~	`		<u> </u>	^ +			Daily Wie	IA IIIg/L		170	HOHEIS		iau
		MEASUREMENT PERMIT		_							Report			-			
Aluminum, Total		REQUIREMENT	xxx	XX	<	XXX	X	xx	XXX		Daily Ma			1/6	months	G	rab
		SAMPLE MEASUREMENT															
		PERMIT	2007	,,,,	,	1004	l				Report			1			
Cadmium, Total		REQUIREMENT	XXX	xx	Χ Ι	XXX	X	xx	XXX		Daily Ma	x mg/L		1/6	months	G	irab
			I certify under penalty o				I										
NAME/TITLE PR	INCIPAL EX	ECUTIVE OFFICER	direction or supervision that qualified personnel Based on my inquiry of	gather and evaluate	ate the infor	nation submitted.						T	ELEPHON	<u>√E</u>		DATE	
			or those persons direct information submitted is	tly responsible for s, to the best of m	gathering the	e information, the e and belief, true,											
TY	PED OR PR	INTED	accurate and complete for submitting false in imprisonment for knowing unsworn falsification).	formation, includin	g the possil	oility of fine and		NATURE C FFICER O				AREA CODE	NUM	1BER	YEAR	МО	DAY
COMMENTS (Re	eport all viola	ations on the "Non-Co	5	ing Form")		***************************************	- Diananananananananananananananananananan									tennessennessen	

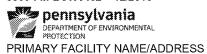


COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

PRIMARY FACIL	LITY NAME/ADDRESS	DISC	CHARG	BE MONITO	ORING	REPORT	(DMR)	,		
NAME	U. S. Steel Fairless Hills Facility	***************************************			_					
CLIENT	U. S. Steel Corporation	P/	A00134	63]		004		Reporting Frequency:	Semi-Annually
ADDRESS	1 Ben Fairless Drive	PERN	MIT NUI	MBER		OUTF	ALL NUI	MBER	DMR Effective From:	December 1, 2021
	Fairless Hills, PA 19030-5012	***************************************							DMR Effective To:	November 30, 2026
LOCATION	Falls Township			MONITO	RING F	PERIOD			Permit Expires:	November 30, 2026
	Bucks County	YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	June 3, 2026
WATERSHED	2-E				то				Check Here if No Disc	charge
									NOTE: Read Instructions b	· · · · · · · · · · · · · · · · · · ·
1		LIANTITY OD I	CADIMI	~	1	OLIAL	ITYOD	COMOENT	DATION NO !	EDEOUENOV OVUDLE

PARAMETER		QUAN	TITY OR LOADII	VG	QI	UALITY OR CO	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
	SAMPLE MEASUREMENT										
Chromium, Total	PERMIT REQUIREMENT	XXX	xxx	xxx	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT										
Copper, Total	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT										
Iron, Dissolved	PERMIT REQUIREMENT	XXX	XXX	xxx	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT										
Iron, Total	PERMIT REQUIREMENT	XXX	XXX	xxx	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT										
Lead, Total	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT										
Nickel, Total	PERMIT REQUIREMENT	xxx	XXX	XXX	XXX	xxx	Report Daily Max	mg/L		1/6 months	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personal cather and evaluate the information submitted.		TE	LEPHONE		DATE	
	that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY
COMMENTS (Report all violations on the "Non-Co	mpliance Reporting Form")						



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NAME	U. S. Steel Fairless Hills Facility				_					
CLIENT	U. S. Steel Corporation	P.	A00134	63			004		Reporting Frequency:	Semi-Annually
ADDRESS	1 Ben Fairless Drive	PERI	NIT NUI	MBER		OUTF/	ALL NU	MBER	DMR Effective From:	December 1, 2021
	Fairless Hills, PA 19030-5012								DMR Effective To:	November 30, 2026
LOCATION	Falls Township	MONITORING PERIOD							Permit Expires:	November 30, 2026
	Bucks County	YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	June 3, 2026
WATERSHED	2-E	_			то				Check Here if No Dis	charge
									NOTE: Read Instructions b	efore completing this form

<u> </u>		ITY OR LOADIN			JALITY OR CON			NO.	FREQUENCY	SAMPLE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ΕX	OF ANALYSIS	TYPE
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT	YYY	YYY	YYY	YYY	YYY	Report	ma/l		1/6 months	Grab
_	EASUREMENT	SAMPLE EASUREMENT PERMIT	VALUE VALUE SAMPLE EASUREMENT PERMIT	VALUE VALUE UNITS SAMPLE EASUREMENT PERMIT	VALUE VALUE UNITS VALUE SAMPLE EASUREMENT PERMIT	VALUE VALUE UNITS VALUE VALUE SAMPLE EASUREMENT PERMIT	VALUE VALUE UNITS VALUE VALUE VALUE SAMPLE EASUREMENT PERMIT Report	VALUE VALUE UNITS VALUE VALUE UNITS SAMPLE EASUREMENT PERMIT Report	VALUE VALUE UNITS VALUE VALUE UNITS EX SAMPLE EASUREMENT PERMIT Report	VALUE VALUE UNITS VALUE VALUE UNITS EX OF ANALYSIS SAMPLE EASUREMENT PERMIT Report

ME/TITLE PRINCIPAL EXECUTIVE OFFICER	l certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.		TEI	EPHONE		DATE	-
	Based on my inquiry of the person or persons who manage the system those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,						
TYPED OR PRINTED	 accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). 	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY



NAME

CLIENT

ADDRESS

PROTECTION PRIMARY FACILITY NAME/ADDRESS

U. S. Steel Fairless Hills Facility

U. S. Steel Corporation

1 Ben Fairless Drive

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

009

OUTFALL NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

Reporting Frequency:

DMR Effective From:

TELEPHONE

NUMBER

AREA

CODE

Semi-Annually

December 1, 2021

PA0013463

PERMIT NUMBER

I certify under penalty of law that this document was prepared under my

direction or supervision in accordance with a system designed to assure

that qualified personnel gather and evaluate the information submitted Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties

for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

	Fairless I	Hills, PA 19030-5012									_ DMF	R Effective I	0:	November 3	0, 2026	
LOCATION	Falls Tov	vnship				MONITO	RING F	PERIOD			Perr	nit Expires:		November 3	0, 2026	
	Bucks Co	ounty		YEAR	МО	DAY		YEAR	МО	DAY	Pern	nit Applicatio	n Due:	June 3, 2026	5	
WATERSHED	2-E						то]	Check Here	e if No D	ischarge		
			•				•				NOT	E: Read Ins	tructions	s before completing	g this form	
PARAME	TED		QUAI	NTITY OR L	OADIN	G		QUA	LITY OR	CONCEN	ITRATION		NO.	FREQUENCY	SAMPLE	
FARAIVIE	IEN		VALUE	VAL	JE	UNITS	VA	LUE	VALUE	Ξ '	√ALUE	UNITS	EX	OF ANALYSIS	TYPE	
		SAMPLE MEASUREMENT														
pН		PERMIT REQUIREMENT	XXX	XX	×	XXX	X	xx	XXX		Report aily Max	S.U.		1/6 months	Grab	
Carbonaceous		SAMPLE MEASUREMENT														
Biochemical Ox Demand (CBOI		PERMIT REQUIREMENT	XXX	XX	x	xxx	X	xx	XXX		Report aily Max	mg/L		1/6 months	Grab	
		SAMPLE MEASUREMENT														
Total Suspende	ed Solids	PERMIT REQUIREMENT	XXX	XX	×	XXX	X	xx	XXX		Report aily Max	mg/L		1/6 months	Grab	
		SAMPLE MEASUREMENT														
Oil and Grease		PERMIT REQUIREMENT	XXX	XX	X	XXX	X	xx	XXX		Report aily Max	mg/L		1/6 months	Grab	
		SAMPLE MEASUREMENT														
Iron, Dissolved		PERMIT REQUIREMENT	XXX	XX	×	XXX	X	xx	XXX		Report aily Max	mg/L		1/6 months	Grab	

YEAR

DATE

MO

DAY



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

Description	NAME	U. S. Stee	el Fairless Hills Facility	,															
ADDRESS 18e F alies 5 trive FRMIT NUMBER	CLIENT	U. S. Stee	el Corporation		P	A00134	63			103			Repo	orting Frequ	ency:	Мо	nthly		
Edit County Falls Township Edit County Falls Township Edit County Falls Edit County Falls Edit E	ADDRESS	1 Ben Fai	rless Drive		PERM	UN TIN	MBER		OU	TFALL NU	JMBER	2				Dec	cember 1	, 2021	
Edit County Falls Township Edit County Falls Township Edit County Falls Edit County Falls Edit E		Fairless H	lills. PA 19030-5012					1	'				DMR	Effective T	0:	Nov	ember 3	0. 2026	
MATERIAN Day Permit Application Due: June 3, 2026	LOCATION						MONITOR	RING P	ERIOD										
Value	200,		·		YEAR	MO	DAY		YEAR	R MO	DA'	$\overline{}$		•	n Due				
PARAMETER	WATEDSHED		unty		12/11	1110		то	1 1-7 11	\ 		_		. ,			C 0, 2020	,	
SAMPLE	WATERSHED	<u> </u>				<u> </u>		l	L		L					-	ompleting	this fo	rm
SAMPLE MEASUREMENT Report Avg Mo XXX MGD XXX XXX XXX XXX XXX XXX Continuous Measured Flow Report Re	PARAME	TFR																	
Flow	170000		CAMDLE	VALUE	VALU	JE	UNITS	VAI	LUE	VALU	E	<u>VA</u>	LUE	UNITS	EX	OF ANA	ALYSIS	<u></u>	YPE
Flow REQUIREMENT Avg Mo XXX MGD XXX XXX XXX XXX XXX Continuous Measured Measured Measurement Permit Permit XXX XXX XXX XXX Inst Min XXX									***************************************										
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PERMIT REQUIREMENT XXX XXX XXX XXX XXX IMAX S.U. 1/day Grab SAMPLE MEASUREMENT Total Residual Chlorine (TRC) PERMIT REQUIREMENT XXX XXX XXX XXX XXX Avg Mo IMAX mg/L 1/day Grab SAMPLE MEASUREMENT PERMIT REQUIREMENT XXX XXX XXX XXX XXX IMAX Units 1/week Grab Color (Pt-Co Units) SAMPLE MEASUREMENT PERMIT REQUIREMENT XXX XXX XXX XXX XXX IMAX Units 1/week Grab Temperature (deg F) REQUIREMENT XXX XXX XXX XXX XXX XXX IMAX Units 1/week Grab SAMPLE MEASUREMENT PERMIT REQUIREMENT XXX XXX XXX XXX IMAX Units 1/week Grab SAMPLE MEASUREMENT PERMIT REQUIREMENT XXX XXX XXX XXX XXX IMAX OF 1/day I-S SAMPLE MEASUREMENT PERMIT REQUIREMENT XXX XXX XXX XXX XXX IMAX OF 1/day I-S SAMPLE MEASUREMENT PERMIT REQUIREMENT XXX XXX XXX XXX XXX IMAX OF 1/day I-S SAMPLE MEASUREMENT PERMIT REQUIREMENT XXX XXX XXX XXX XXX IMAX OF 1/day I-S SAMPLE MEASUREMENT PERMIT REQUIREMENT XXX XXX XXX XXX XXX IMAX OF 1/day I-S SAMPLE MEASUREMENT PERMIT REQUIREMENT XXX XXX XXX XXX XXX IMAX OF 1/day I-S SAMPLE MEASUREMENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT OFFICER OR AUTHORIZED AGENT OFFICER OR AUTHORIZED AGENT AREA NUMBER YEAR MO DAY	1 1000			Avg Mo	 ^^		WIGD	~	^^		·	^	^^		 	Conti	luous	Mec	asureu
PH REQUIREMENT XXX XXX XXX Inst Min XXX IMAX S.U. 1/day Grab SAMPLE MEASUREMENT PERMIT REQUIREMENT XXX XXX XXX XXX XXX XXX XXX XXX XXX X																			
Total Residual Chlorine (TRC) PERMIT REQUIREMENT XXX XXX	pН			xxx	xx	x	XXX	-		XXX		-		S.U.		1/d	ay	G	3rab
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MEASUREMENT PERMIT PERMIT REQUIREMENT XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	(TRC)			XXX	+ xx	X	XXX	X	XX	Avg N	10	IIV	1AX	mg/L	-	1/d	ay	G	erab
Color (Pt-Co Units) REQUIREMENT SAMPLE MEASUREMENT PERMIT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT Biochemical Oxygen Demand (BOD5) REQUIREMENT REQUIREMENT REQUIREMENT REPORT REPORT REPORT REPORT REPORT Avg Mo Daily Max Ibs/day I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. I certify under penalty of the person or persons who manage the system or those persons directly responsible for gathering the information submitted. I certify under penalty of the person or persons who manage the system or those persons directly responsible for gathering the information submitted. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA CODE NUMBER YEAR MO DAY			MEASUREMENT																
SAMPLE MEASUREMENT PERMIT PERMIT REQUIREMENT XXX XXX XXX XXX XXX XXX XXX XXX IMAX °F 1/day I-S SAMPLE MEASUREMENT XXX XXX XXX XXX XXX XXX IMAX °F 1/day I-S Biochemical Oxygen PERMIT Report Report PERMIT Report Report Avg Mo Daily Max Ibs/day XXX Avg Mo Daily Max Mg/L 1/week Composite NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person persons who manage the system or those persons derectly responsible for gathering the information, the information submitted. So the best or the persons who manage the system or those persons derectly responsible for gathering the information, the information submitted. So the best of the persons who manage the system or those persons derectly responsible for gathering the information, the information submitted. So the best of the persons who manage the system or those persons derectly responsible for gathering the information, the information submitted. So the best of the process who manage the system or those persons derectly responsible for gathering the information, the information submitted. So the best of the persons who manage the system or those persons derectly responsible for gathering the information, the information submitted. So the best of the persons who manage the system of the person	Color (Pt-Co Un	ite)		XXX		, l	XXX	X	xx	XXX	.			1		1/14/	aek	G	- - -
PERMIT REQUIREMENT XXX XXX XXX XXX XXX XXX XXX IMAX °F 1/day I-S SAMPLE MEASUREMENT Biochemical Oxygen PERMIT Report Report PERMIT ReQUIREMENT Avg Mo Daily Max Ibs/day XXX Avg Mo Daily Max mg/L 1/week Composite NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate and complete, in submitting falls information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn fallsification).	00101 (11 00 011	110)	SAMPLE	7001	1 700	`	7000		· · · · · · · · · · · · · · · · · · ·	700	-	117	17 (7)	Office		17 44	JUN .		71 CD
Temperature (deg F) REQUIREMENT XXX XXX XXX XXX XXX XXX XXX			·		-							1	10						
Biochemical Oxygen PERMIT REQUIREMENT REPORT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REPORT REQUIREMENT RE	Temperature (de	eg F)		XXX	xxx	×	XXX	X	xx	XXX	:			۰F		1/d	ay		I-S
Biochemical Oxygen Demand (BOD5) REQUIREMENT Report Avg Mo Daily Max Ibs/day XXX Avg Mo Daily Max mg/L 1/week Composite NAME/TITLE PRINCIPAL EXECUTIVE OFFICER NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED Report Avg Mo Daily Max Mg/L 1/week Composite Telephone DATE TELEPHONE DATE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT ACCODE NUMBER YEAR MO DAY SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT ACCODE NUMBER YEAR MO DAY																			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information whomitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT OFFICER OR A			PERMIT																
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information, the information, knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA CODE NUMBER YEAR MO DAY DAY CODE CO	Demand (BOD5)	REQUIREMENT	Avg Mo	Daily I	Max	lbs/day	X	XX	Avg N	10	Dail	y Max	mg/L	<u></u>	1/w	eek	Com	posite
Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted. It is not best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT OFFICER OR AUTHORIZED AGENT AREA CODE NUMBER YEAR MO DAY	<u> </u>													<u> </u>		— т			
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TYPED OR PRINTED for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). AREA CODE NUMBER YEAR MO DAY				or those persons direct	ly responsible for	gathering th	e information, the												
	TY	PED OR PR	INTED	accurate and complete. for submitting false inf imprisonment for knowing	I am aware that formation, including	there are significant	gnificant penalties ibility of fine and							AREA CODE	NUMBER YEAR MO			DAY	
	COMMENTS (Re	eport all viola	ations on the "Non-Co	S	ing Form")														

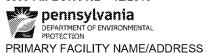


COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

PRIMART FACIL	III INAME	ADDRESS		יטוט	STARC	E MOMIL	Driing	KEFUKI	(DINIK)	1					
NAME	U. S. Stee	el Fairless Hills Facility					-		~~~~~		-				
CLIENT	U. S. Stee	el Corporation		P.	A00134	63			103		Rep	orting Freque	ency:	Monthly	
ADDRESS	1 Ben Fai	irless Drive		PERI	UN TIN	MBER		OUTF	ALL NU	MBER	DMF	R Effective F	rom:	December 1	, 2021
	Fairless F	Hills, PA 19030-5012									DMR	Effective To	o:	November 3	0, 2026
LOCATION	Falls Tow	rnship				MONITO	RING F	PERIOD			Pem	nit Expires:		November 3	0, 2026
	Bucks Co	unty		YEAR	МО	DAY		YEAR	МО	DAY	Perm	nit Applicatio	n Due:	June 3, 2020	3
WATERSHED	2-E						то					Check Here	if No D	December November 3 June 3, 202 Discharge ns before completin FREQUENCY	
											NOT	E: Read Inst	tructions	s before completing	g this form
PARAME	TED		QUA	NTITY OR I	OADIN	G		QUAL	JTY OR	CONCEN	TRATION		NO.	FREQUENCY	SAMPLE
PARAME	IER	[VALUE	VAL	UΕ	UNITS	VA	LUE	VALU	Ε \	/ALUE	UNITS	EX	OF ANALYSIS	TYPE
Biochemical Ox	ygen	SAMPLE MEASUREMENT													
Demand (BOD5 Intake	5)	PERMIT REQUIREMENT	Report Avg Mo	Rep Daily		lbs/day	X	xx	Repor Avg M		Report aily Max	mg/L		1/week	24-Hr Composite
BOD5 Minimun	n %	SAMPLE MEASUREMENT													***************************************
Removal Percent Remov	al	PERMIT REQUIREMENT	88.5 Avg Mo	XX	X	%	X	xx	XXX		XXX	XXX		1/week	Calculation
		SAMDLE					T						T	1	

Biochemical Oxygen	MEASUREMENT			1						
Demand (BOD5) Intake	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	XXX	Report Avg Mo	Report Daily Max	mg/L	1/week	24-Hr Composite
BOD5 Minimum %	SAMPLE MEASUREMENT									
Removal Percent Removal	PERMIT REQUIREMENT	88.5 Avg Mo	XXX	%	XXX	XXX	XXX	xxx	1/week	Calculation
	SAMPLE MEASUREMENT									
Total Suspended Solids	PERMIT REQUIREMENT	486 Avg Mo	1116 Daily Max	lbs/day	XXX	30.0 Avg Mo	Report Daily Max	mg/L	1/week	24-Hr Composite
	SAMPLE MEASUREMENT									
Total Dissolved Solids	PERMIT REQUIREMENT	XXX	XXX	xxx	XXX	1100 Avg Mo	2200 Daily Max	mg/L	2/month	24-Hr Composite
	SAMPLE MEASUREMENT									
Oil and Grease	PERMIT REQUIREMENT	247 Avg Mo	463 Daily Max	lbs/day	XXX	Report Avg Mo	Report Daily Max	mg/L	1/week	Grab
	SAMPLE MEASUREMENT									
Aluminum, Total	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	XXX	Report Avg Mo	Report Daily Max	mg/L	1/month	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.		TE	LEPHONE		DATE	
	Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,						
TYPED OR PRINTED	accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY
COMMENTS (Report all violations on the "Non-Co	mpliance Reporting Form")						



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

							()	·			
NAME	U. S. Steel Fairless Hills Facility	_			_						
CLIENT	U. S. Steel Corporation	P	400134	63			103		Reporting Frequency:	Monthly	
ADDRESS	1 Ben Fairless Drive	PERMIT NUMBER OUTFALL NUMBER				MBER	DMR Effective From:	December 1, 2021			
	Fairless Hills, PA 19030-5012								DMR Effective To:	November 30, 2026	
LOCATION	Falls Township		MONITOR	RING F	PERIOD			Permit Expires:	November 30, 2026		
	Bucks County	YEAR MO DAY			YEAR	МО	DAY	Permit Application Due:	June 3, 2026		
WATERSHED	2-E				то				Check Here if No Disc	charge	

										2 2010.0 001p.0	
PARAMETER		QUAN	TITY OR LOADII	٧G	Ql	JALITY OR COI	NCENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
	SAMPLE MEASUREMENT										
	PERMIT	4.06	5.49			Report	Report				24-Hr
Chromium, Total	REQUIREMENT	Avg Mo	Daily Max	lbs/day	XXX	Avg Mo	Daily Max	mg/L		1/week	Composite
	SAMPLE MEASUREMENT										
	PERMIT	18.23	21.17	7		Report	Report				24-Hr
Zinc, Total	REQUIREMENT	Avg Mo	Daily Max	lbs/day	XXX	Avg Mo	Daily Max	mg/L		1/week	Composite

AME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.		TEI	EPHONE		DATE	-
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TYPED OR PRINTED	 accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). 	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY

NOTE: Read Instructions before completing this form



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NAME CLIENT	U. S. Steel Fairless Hills Facility U. S. Steel Corporation		P	A00134	63	1		103		Reporting Frequency:	Annually
ADDRESS	1 Ben Fairless Drive		PERI	NIT NUI	MBER]	OUTF/	ALL NU	MBER	DMR Effective From:	December 1, 2021
	Fairless Hills, PA 19030-5012									DMR Effective To:	November 30, 2026
LOCATION	Falls Township			MONITO	RING F	PERIOD			Permit Expires:	November 30, 2026	
	Bucks County		YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	June 3, 2026
WATERSHED	2-E					то				Check Here if No Disc	charge
										NOTE: Read Instructions b	efore completing this form
DADAME	T	QUA	NTITY OR L	OADIN	3		QUAL	ITY OR	CONCEN	TRATION NO. I	FREQUENCY SAMPLE

PARAMETER		QUAN ⁻	TITY OR LOADIN	IG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
FARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
	SAMPLE MEASUREMENT										
PCBs Dry Weather Analysis	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	pg/L		1/year	24-Hr Composite

AME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.		TEI	EPHONE		DATE	
	Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,						
TYPED OR PRINTED	 accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). 	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NAME	U. S. Steel Fairless Hills Facility									
CLIENT	U. S. Steel Corporation	P	400134	63			103		Reporting Frequency:	Quarterly
ADDRESS	1 Ben Fairless Drive	PERM	AIT NUI	MBER		OUTFA	ALL NU	MBER	DMR Effective From:	December 1, 2021
	Fairless Hills, PA 19030-5012								DMR Effective To:	November 30, 2026
LOCATION	Falls Township			MONITO	RING P	ERIOD			Permit Expires:	November 30, 2026
	Bucks County	YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	June 3, 2026
WATERSHED	2-E				то				Check Here if No Discl	narge
									NOTE: Read Instructions be	fore completing this form

PARAMETER		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
	SAMPLE MEASUREMENT										
Ammonia-Nitrogen	PERMIT REQUIREMENT	Report Avg Qrtly	XXX	lbs/day	XXX	20.0 Avg Qrtly	XXX	mg/L		1/quarter	24-Hr Composite
	SAMPLE MEASUREMENT										
Toxicity, Chronic - Ceriodaphnia Survival	PERMIT REQUIREMENT	XXX	XXX	xxx	XXX	XXX	Report Daily Max	TUc		See Permit	24-Hr Composite
Toxicity, Chronic -	SAMPLE MEASUREMENT										
Ceriodaphnia Reproduction	PERMIT REQUIREMENT	XXX	XXX	xxx	XXX	XXX	Report Daily Max	TUc		See Permit	24-Hr Composite
	SAMPLE MEASUREMENT										
Toxicity, Chronic - Pimephales Survival	PERMIT REQUIREMENT	XXX	XXX	xxx	XXX	XXX	Report Daily Max	TUc		See Permit	24-Hr Composite
	SAMPLE MEASUREMENT										-
Toxicity, Chronic - Pimephales Growth	PERMIT REQUIREMENT	XXX	xxx	XXX	XXX	xxx	Report Daily Max	TUc		See Permit	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.		TE	LEPHONE		DATE	
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TYPED OR PRINTED	accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY
COMMENTS (Report all violations on the "Non-Co	mpliance Reporting Form")						



PRIMARY FACILITY NAME/ADDRESS

BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION

NAME	U. S. Steel Fairless Hills Facility										
CLIENT	U. S. Steel Corporation	P	A00134	63			203		Reporting Frequency:	Semi-Annually	
ADDRESS	1 Ben Fairless Drive	PERM	IUN TIN	MBER		OUTFALL NUMBER		MBER	DMR Effective From:	December 1, 2021	
	Fairless Hills, PA 19030-5012								DMR Effective To:	November 30, 2026	
LOCATION	Falls Township			MONITOR	RING F	PERIOD			Permit Expires:	November 30, 2026	
	Bucks County	YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	June 3, 2026	
WATERSHED	2-E				то				Check Here if No Disc	charge	

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE **PARAMETER** VALUE VALUE UNITS VALUE VALUE VALUE UNITS EX OF ANALYSIS TYPE SAMPLE **MEASUREMENT** PERMIT Report 24-Hr Copper, Total REQUIREMENT XXX XXX XXX XXXXXX Daily Max 1/6 months Composite mg/L SAMPLE MEASUREMENT PERMIT Report 24-Hr Lead, Total REQUIREMENT XXX XXX XXX XXX XXX Daily Max 1/6 months Composite mg/L SAMPLE MEASUREMENT PERMIT 24-Hr Report Zinc, Total REQUIREMENT XXX XXX XXX XXX XXX Daily Max mg/L 1/6 months Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.		TE	LEPHONE		DATE	
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TYPED OR PRINTED	accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY
COMMENTS (Report all violations on the "Non-Co	ompliance Reporting Form")				***************************************	(

NOTE: Read Instructions before completing this form



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NAME	U. S. Steel Fairless Hills Facility				_						
CLIENT	U. S. Steel Corporation	P	A00134	63			203		Reporting Frequency:	Annually	
ADDRESS	1 Ben Fairless Drive	PERMIT NUMBER				OUTF	ALL NU	MBER	DMR Effective From:	December 1, 2021	
	Fairless Hills, PA 19030-5012								DMR Effective To:	November 30, 2026	
LOCATION	Falls Township			MONITO	RING F	PERIOD			Permit Expires:	November 30, 2026	
	Bucks County	YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	June 3, 2026	
WATERSHED	2-E				то				Check Here if No Disc	harge	
									NOTE: Read Instructions be	efore completing this form	

PARAMETER		QUAN ⁻	TITY OR LOADIN	IG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
FARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
	SAMPLE										
	MEASUREMENT										
PCBs Dry Weather	PERMIT						Report				24-Hr
Analysis	REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Daily Max	pg/L		1/year	Composite

	that qualified personnel gather and evaluate the information submitted.			EPHONE.		DATE	
	Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,						
TYPED OR PRINTED	accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY



PRIMARY FACILITY NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NAME	U. S. Stee	el Fairless Hills Facility	<u>'</u>															
CLIENT	U. S. Stee	el Corporation		P	A00134	63			203			Rep	orting Frequ	ency:	М	onthly		
ADDRESS	1 Ben Fai	rless Drive		PERM	UN TIN	MBER		OU ⁻	TFALL NU	MBEF	₹	DMF	R Effective F	rom:	D	ecember 1	, 2021	
	Fairless H	Hills, PA 19030-5012										DMR	R Effective T	o:	N	ovember 3	0, 2026	
LOCATION	Falls Tow	nship				MONITO	RING P	ERIOD				Pern	nit Expires:		N	ovember 3	0, 2026	
	Bucks Co	untv		YEAR	МО	DAY		YEAF	R MO	DA	Y		nit Applicatio	n Due:	Ju	ine 3. 2020	 3	
WATERSHED	2-E	······································					то						Check Here		ischarge			
						<u></u>	,	L					E: Read Ins		-		g this fo	rm
DADAME			QUAI	NTITY OR L	OADIN	G		QL	JALITY OR	CON	CENTI	RATION		NO.	FREC	UENCY	SAI	MPLE
PARAME			VALUE	VAL	JE	UNITS	VAL	LUE	VALU	E	VA	LUE	UNITS	EX	OF AN	ALYSIS	T	YPE
		SAMPLE MEASUREMENT																
Flow		PERMIT REQUIREMENT	Report Avg Mo	XX	x	MGD	X	xx	XXX		Х	XX	XXX		Cont	tinuous	Mea	sured
		SAMPLE MEASUREMENT														***************************************		
рН		PERMIT REQUIREMENT	XXX	XX	x	XXX		.0 : Min	XXX			9.0 1AX	S.U.		1/day			
F		SAMPLE MEASUREMENT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	700		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7.0.0				3.3.				irab	
Dissolved Oxyg	en	PERMIT REQUIREMENT	XXX	XX	×	xxx		.0 : Min	XXX		Х	XX	mg/L	/L 1/day			G	arab
, ,		SAMPLE MEASUREMENT																
Total Residual ((TRC)	Chlorine	PERMIT REQUIREMENT	XXX	XX	x	xxx	XX	xx	0.5 Avg M	1o		1.2 1AX	mg/L		1,	/day	G	irab
		SAMPLE MEASUREMENT							×									
Color (Pt-Co Un	its)	PERMIT REQUIREMENT	XXX	XX	x	xxx	XX	xx	XXX			port 1AX	Pt-Co Units		1/n	nonth	_	4-Hr posite
Biochemical Ox		SAMPLE MEASUREMENT																
Demand (BOD5 Raw Sewage In		PERMIT REQUIREMENT	Report Avg Mo	XX	X	lbs/day	X	XX	Repor Avg M			port y Max	mg/L		1/\	week		4-Hr iposite
NAME/TITLE PF	RINCIPAL EX	ECUTIVE OFFICER	I certify under penalty o direction or supervision that qualified personnel	in accordance with gather and evalu	n a system d ate the infor	esigned to assure mation submitted.							TEL	EPHONE	=		DATE	
			Based on my inquiry of or those persons direct information submitted is	ly responsible for s, to the best of m	gathering th	e information, the e and belief, true,												
TY	PED OR PR	INTED	accurate and complete, for submitting false int imprisonment for knowin unsworn falsification).	formation, includin	g the possi	bility of fine and			OF PRINC				AREA CODE	NUME	BER	YEAR	MO	DAY
COMMENTS (Re	eport all viola	ations on the "Non-Co	mpliance Report	ing Form")							- Announce							



Total Suspended Solids

Total Dissolved Solids

Fecal Coliform

Oct 1 - Apr 30

REQUIREMENT

SAMPLE MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE MEASUREMENT

PERMIT

REQUIREMENT

Avg Mo

XXX

XXX

XXX

XXX

XXX

lbs/day

XXX

XXX

XXX

XXX

XXX

XXX

Report

Daily Max

1000

IMAX

mg/L

mg/L

No./100

ml

Avg Mo

Report

Avg Mo

200

Geo Mean

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACIL	ITY NAME	ADDRESS		DIS	CHAR	SE MONIT	ORING	REPOR	T (DMF	2)					
NAME	U. S. Ste	el Fairless Hills Facility	/												
CLIENT	U. S. Ste	el Corporation		Р	A00134	163			203		Rep	orting Frequ	ency:	Monthly	
ADDRESS	1 Ben Fa	irless Drive		PERI	UN TIN	MBER	1	OUT	FALL N	JMBER	DMI	R Effective F	rom:	December 1	, 2021
	Fairless h	Hills, PA 19030-5012		<u> </u>							 DMF	R Effective Te	o:	November 3	30, 2026
LOCATION	Falls Tow	/nship				MONITO	RING F	PERIOD			Pen	mit Expires:		November 3	30, 2026
	Bucks Co	ounty	ACCOMPANIONAL	YEAR	МО	DAY	T	YEAR	МО	DA		nit Applicatio	n Due:	June 3, 202	6
WATERSHED	2-E						ТО					Check Here		Discharge	
	21211			L	_ !	<u>-</u>	_				 TON			s before completin	g this form
PARAME	TER			NTITY OR I							ENTRATION		NO.	FREQUENCY	SAMPLE
7110111			VALUE	VAL	UE	UNITS	VA	LUE	VALU	JE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
		SAMPLE MEASUREMENT													
Biochemical Ox Demand (BOD)		PERMIT REQUIREMENT	34 Avg Mo	XX	X	lbs/day	X	xx	25 Avg l		XXX	mg/L		1/week	24-Hr Composite
BOD5 Minimur	n %	SAMPLE MEASUREMENT													
Removal Percent Remov	/al	PERMIT REQUIREMENT	88.5 Avg Mo	XX	X	%	X	xx	XXX	<	XXX	xxx		1/week	Calculation
		SAMPLE MEASUREMENT													
Total Suspende Raw Sewage Ir		PERMIT REQUIREMENT	Report Avg Mo	XX	Х	lbs/day	X	xx	Repo		Report Daily Max	mg/L		1/week	24-Hr Composite
		SAMPLE MEASUREMENT													
		PERMIT	41						30			1			24-Hr

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.		TEI	LEPHONE		DATE	
	Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,						
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY
COMMENTS (Report all violations on the "Non-Co	mpliance Reporting Form")						

1/week

1/month

1/week

Composite

24-Hr

Composite

Grab



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NAME	U. S. Steel Fairless Hills Facility				_					
CLIENT	U. S. Steel Corporation	P.	PA0013463			203		Reporting Frequency:	Monthly	
ADDRESS	1 Ben Fairless Drive	PER	IUN TIN	MBER]	OUTF	ALL NU	MBER	DMR Effective From:	December 1, 2021
	Fairless Hills, PA 19030-5012								DMR Effective To:	November 30, 2026
LOCATION	Falls Township	MONITORING PERIOD						Permit Expires:	November 30, 2026	
	Bucks County	YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	June 3, 2026
WATERSHED	2-E				то				Check Here if No Disc	charge
					_				NOTE: Read Instructions b	efore completing this form

PARAMETER		QUAN	TITY OR LOADIN	IG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
	SAMPLE MEASUREMENT										
Fecal Coliform May 1 - Sep 30	PERMIT REQUIREMENT	XXX	XXX	xxx	XXX	200 Geo Mean	1000 IMAX	No./100 ml		1/week	Grab
	SAMPLE MEASUREMENT										
Ammonia-Nitrogen	PERMIT REQUIREMENT	27 Avg Mo	XXX	lbs/day	XXX	20.0 Avg Mo	XXX	mg/L		1/month	24-Hr Composite
	SAMPLE MEASUREMENT										
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	xxx	XXX	Report Avg Mo	xxx	mg/L		1/month	24-Hr Composite

IAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.		TEI	TELEPHONE		DATE		
	Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,							
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY	



WATERSHED

2-E

DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

COMMONWEALTH OF PENNSYLVANIA

NAME	U. S. Steel Fairless Hills Facility									
CLIENT	U. S. Steel Corporation		PA00134	63			303		Reporting Frequency:	Semi-Annually
ADDRESS	1 Ben Fairless Drive	PE	RMIT NU	MBER		OUTF	ALL NU	MBER	DMR Effective From:	December 1, 2021
	Fairless Hills, PA 19030-5012								DMR Effective To:	November 30, 2026
LOCATION	Falls Township			MONITOR	RING P	ERIOD			Permit Expires:	November 30, 2026
	Bucks County	YFAR	Тмо	DAY		YFAR	MO	DAY	Permit Application Due:	June 3, 2026

TO ____ Check Here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUAN ⁻	TITY OR LOADII	VG	QI	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
	SAMPLE MEASUREMENT										
pH	PERMIT REQUIREMENT	XXX	XXX	xxx	XXX	XXX	Report Daily Max	S.U.		1/6 months	Grab
Carbonaceous	SAMPLE MEASUREMENT										
Biochemical Oxygen Demand (CBOD5)	PERMIT REQUIREMENT	XXX	xxx	XXX	XXX	xxx	Report Daily Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT										
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	xxx	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT										
Oil and Grease	PERMIT REQUIREMENT	XXX	xxx	xxx	XXX	xxx	Report Daily Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT										
Iron, Dissolved	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/L		1/6 months	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.		TEI	LEPHONE			
	Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,						
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY
COMMENTS (Report all violations on the "Non-Co			<u> </u>	<u> </u>	<u> </u>		L



PRIMARY FACILITY NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NAME	U. S. Stee	el Fairless Hills Facility	/															
CLIENT	U. S. Stee	el Corporation		P	400134	163			403			Repo	orting Frequ	ency:	М	onthly		
ADDRESS	1 Ben Fai	rless Drive		PERM	UN TIN	MBER		OU.	TFALL NU	MBEF	₹	DMF	R Effective F	rom:	D	ecember 1	, 2021	
	Fairless H	Hills, PA 19030-5012									•	DMR	Effective T	0:	N	ovember 3	0, 2026	
LOCATION	Falls Tow	nship				MONITO	RING P	ERIOD				Pern	nit Expires:		N-	ovember 3	0, 2026	
	Bucks Co	·		YEAR	МО	DAY		YEAF	R MO	DA	Y		rit Applicatio	n Due:	Jı	ıne 3. 2020	- ´ 6	
WATERSHED	2-E						то						Check Here					
***************************************					<u> </u>		1	L		<u> </u>			E: Read Ins		-		g this fo	rm
242445			QUAI	NTITY OR L	OADIN	G		QL	JALITY OF	CON	CENT			NO.		UENCY	-	MPLE
PARAME	TER		VALUE	VAL		UNITS	VAI	LUE	VALU			LUE	UNITS	EX		ALYSIS		YPE
		SAMPLE MEASUREMENT																
Flow		PERMIT REQUIREMENT	Report Avg Mo	l xx	, l	MGD	X:	xx	xxx		×	XX	xxx		Cont	tinuous	Mes	asured
11000	***************************************	SAMPLE MEASUREMENT	7.Vg Mic	1 700	`	WIOD	1		7000				7000		0011		14100	200100
Chromium, Hex	avalent	PERMIT REQUIREMENT	0.107 Avg Mo	0.32 Daily I	-	lbs/day	X	XX	Repo Avg M			eport y Max	mg/L		1/\	week	_	4-Hr nposite
		SAMPLE MEASUREMENT	, , ,	Í														•
Chromium, Tota	ıl	PERMIT REQUIREMENT	0.71 Avg Mo	2.14 Daily I		lbs/day	X	ХХ	0.1 Avg I/	1o).3 y Max	mg/L		1/r	nonth		4-Hr iposite
		SAMPLE MEASUREMENT									************							
Copper, Total		PERMIT REQUIREMENT	0.71 Avg Mo	2.1- Daily I		lbs/day	X	xx	0.1 Avg M	10		0.3 y Max	mg/L		1/r	nonth	1	4-Hr nposite
		SAMPLE MEASUREMENT		<u> </u>														
Lead, Total		PERMIT REQUIREMENT	1.39 Avg Mo	4.1 Daily I		lbs/day	X	XX	Repo Avg M			eport y Max	mg/L		1/	week	_	4-Hr nposite
		SAMPLE MEASUREMENT																
Nickel, Total		PERMIT REQUIREMENT	1.43 Avg Mo	3.2 Daily I		lbs/day	X	XX	0.2 Avg M			.45 y Max	mg/L		1/r	nonth		4-Hr nposite
r			I certify under penalty of	f law that this door	ment was n	renared under my	т						1					
NAME/TITLE PF	RINCIPAL EX	ECUTIVE OFFICER	direction or supervision that qualified personnel	in accordance with gather and evalu	n a system date the infor	lesigned to assure mation submitted.							TELE	EPHONE	=		DATE	
			Based on my inquiry of or those persons directl information submitted is	ly responsible for s, to the best of m	gathering th y knowledge	e information, the e and belief, true,												
TY	PED OR PR	INTED	accurate and complete, for submitting false inf imprisonment for knowir unsworn falsification).	formation, includin	g the possi	ibility of fine and			OF PRINC				AREA CODE	NUME	BER	YEAR	MO	DAY
COMMENTS (R	eport all viola	ations on the "Non-Co.	mpliance Reporti	ing Form")														



Falls Township

Bucks County

2-E

LOCATION

WATERSHED

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) (DMR)

PRIMARY FAC	ILITY NAME/ADDRESS	DISCHARGE MONITORI	, ,
NAME	U. S. Steel Fairless Hills Facility		
CLIENT	U. S. Steel Corporation	PA0013463	403
ADDRESS	1 Ben Fairless Drive	PERMIT NUMBER	OUTFALL NUMBER
	Fairless Hills, PA 19030-5012		

MONITORING PERIOD YEAR MO DAY YEAR MO DAY ТО

Reporting Frequency: Monthly DMR Effective From: December 1, 2021 DMR Effective To: November 30, 2026 Permit Expires: November 30, 2026 Permit Application Due: June 3, 2026 ___ Check Here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUAN	TITY OR LOADIN	1G	QI	JALITY OR CO	VCENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
	SAMPLE MEASUREMENT										
	PERMIT	1.46	4.37			Report	Report				24-Hr
Zinc, Total	REQUIREMENT	Avg Mo	Daily Max	lbs/day	XXX	Avg Mo	Daily Max	mg/L		1/week	Composite
	SAMPLE MEASUREMENT										
Naphthalene	PERMIT REQUIREMENT	XXX	0.080 Daily Max	lbs/day	XXX	xxx	Report Daily Max	mg/L		1/week	Grab
	SAMPLE MEASUREMENT										
Tetrachloroethylene	PERMIT REQUIREMENT	XXX	0.120 Daily Max	lbs/day	XXX	XXX	Report Daily Max	mg/L		1/week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.			LEPHONE	DATE		
	Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,						
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY
COMMENTS (Report all violations on the "Non-Co.	mpliance Reporting Form")						



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

INSTRUCTIONS FOR COMPLETING DISCHARGE MONITORING REPORTS (DMRs)

General

One or more Discharge Monitoring Reports (DMRs) are attached to your permit for reporting the results of self-monitoring activities as required by your permit. If required by your permit, you must use Department of Environmental Protection's (DEP's) [HYPERLINK "http://www.dep.pa.gov/edmr"] to submit results. If you are required to use eDMR, these physical forms should only be used under the following circumstances:

- 1. For a permittee that is not yet using the eDMR system, the permittee shall submit a physical copy of a DMR to the DEP regional office that issued the permit during the interim period between the submission of registration and trading partner agreement forms to DEP and DEP's notification to begin using the eDMR system.
- 2. For any permittee, as a contingency a physical DMR may be mailed to the DEP regional office that issued the permit if there are technological malfunction(s) that prevent the successful submission of a DMR through the eDMR system. In such situations, the permittee shall submit the DMR through the eDMR system within 5 days following remedy of the malfunction(s).

You should make copies of the DMRs for your ongoing use, unless you participate in the eDMR program.

- Reporting frequencies will vary depending on the monitoring frequencies listed in your permit, and are generally
 monthly, quarterly, semi-annually and annually.
- Your reports must be <u>received</u> by DEP on the 28th day of the month following the end of the reporting period, unless otherwise specified in Part C of your permit.
- Your permit may require submission of DMRs to other agencies, including the U.S. Environmental Protection Agency (EPA).
- DMRs will generally include pre-populated information for permittee name and address, facility location, permit
 number, outfall number, permit expiration date, parameter names, and permit requirements. If you identify any
 errors on a DMR issued by DEP, please contact the DEP regional office that issued your permit. <u>DO NOT</u>
 make changes to DMRs issued to you.
- You may use computer-generated replicas of Form No. 3800-FM-BCW0462 if you receive prior approval from DEP. DEP reserves the right to instruct you to discontinue the submission of computer-generated DMRs if the permit requirements you entered on the form are inaccurate.

Instructions

- 1. Enter statistical results into each blank field below the "VALUE" column headers. Results must be reported in the same units shown on the DMR.
- Sum the total number of excursions or exceedances of permit limits across the row for each parameter and enter the value into the "NO. EX" field. For example, if the permit contains limits of 6.0 S.U. (Minimum) and 9.0 S.U. (Maximum) for pH, and the Minimum and Maximum results are 5.9 S.U. and 9.1 S.U., respectively, enter "2" into the "NO. EX" field.
- 3. Report the actual sampling frequency and sample type utilized during the reporting period in the fields corresponding to "Frequency of Analysis" and "Sample Type", respectively.
- 4. Type the name of the principal executive officer (or an authorized agent designated by a principal executive officer) who is taking responsibility for the report, sign the report (should be in ink), enter the telephone number of the responsible individual, and record the date that the report was signed. Mail only original, signed copies of DMRs.

3800-FM-BCW0463 Rev. 7/2021

5. In the Comments section at the bottom of the DMR, you may write a brief summary of violations in this section; however, DEP requests that <u>all</u> violations during the monitoring period be reported in more detail on DEP's **Non-Compliance Reporting Form** (3800-FM-BCW0440) and be submitted as an attachment to the DMR. Other uses of the Comments Section include explanations of attachments to the DMR, explanations for the unavailability of data, and brief summaries of issues that have affected operations or effluent quality during the monitoring period. Always consider attaching a letter or separate document to explain your situation in more detail.

No Discharge or No Data Available

If there was no discharge at all from an outfall during the monitoring period, check the "No Discharge" box on the top of the DMR. Complete the information above and below the table and mail the DMR to the appropriate agencies. Be sure to sign and date the DMR.

If there was no discharge of a specific parameter (e.g., if a chlorine limit is in the permit but chlorine was not used for disinfection during the entire reporting period), or if data are not available for a specific parameter for the entire reporting period, do not leave the DMR blank. Instead, report one of the following No Data Indicator (NODI) codes that apply to your situation in the appropriate value field, and **provide an explanation as an attachment to the DMR**:

- All samples or results are not available due to analytical equipment failure, because a sample collection was overlooked, or samples could not be collected for the parameter during the reporting period. Use of this NODI code results in a violation.
- **GG** Use if your permit requires sample collection and analysis only under certain conditions and those conditions were not met during the reporting period (e.g., report chlorine results only when chlorination system is used). This includes non-representative outfalls.
- FF No Data, not covered by NODI codes "E" or "GG." Use in extenuating circumstances where the reason for the absence of data is not covered by NODI codes "E" or "GG." Use of this NODI code results in a violation.

If you have at least one result for a parameter, the value should be reported and not a NODI code.

Note: When the "E" and "FF" NODI codes are used, a comment explaining the violation is required and the Non-Compliance Reporting Form (3800-FM-BCW0440) must accompany the DMR.

Calculations

The following explains how to calculate statistical values that are commonly required by permits:

Monthly Average – For Loading (lbs/day), sum the total of daily loadings and divide by the number of samples during the month. To calculate the daily loading, multiply the daily concentration (mg/l) by the flow (MGD) on the date of sampling and a conversion factor of 8.34. For Concentration, sum the total of daily concentrations and divide by the number of samples.

Weekly Average – For Loading (lbs/day), sum the total of average daily loadings during each week of the reporting period (beginning on a Sunday and ending on a Saturday) and divide by the number of samples during the week. For Concentration, sum the total of daily concentrations each week and divide by the number of samples. Report the maximum weekly average on the DMR.

Maximum Daily ("Daily Max") – Report the maximum concentration or load measured during a 24-hour period during the reporting period; if multiple measurements are taken daily, include all data in the analysis.

Instantaneous Maximum ("IMAX") – Report the maximum result obtained by a grab sample for a specific pollutant over the entire reporting period covered by a DMR.

Instantaneous Minimum ("Minimum") – Report the minimum result obtained by a grab sample for a specific pollutant over the entire reporting period covered by a DMR.

Total Monthly Load (lbs) – Sum the total of average daily loadings, divide by the number of samples during the month, and multiply by the number of days in the month.

Geometric Mean – Report the average of a set of *n* sample results given by the *n*th root of their product. If any result is zero (0), substitute 1 for the calculation. For example, five samples were analyzed with the following results: 20, 300, 400, 500, and 0. The calculation of geometric mean is as follows (note that you will need to use the power function on a calculator):

$$\sqrt[5]{20 \cdot 300 \cdot 400 \cdot 500 \cdot 1} = \sqrt[5]{1,200,000,000} = (1,200,000,000)^{1/5} = 65$$

Non-Detect Data

Conventional and Toxic Parameters

For calculating average values of data sets in which there are some "detections" (results at or above the laboratory quantitation limit) and some "non-detect" data (results reported below the laboratory quantitation limit), use the value of the quantitation limit for non-detect data. In other words, ignore the less than (<) symbol for statistical calculations and include the < symbol with the statistical result if there is at least one non-detect result in the data set. For example, four samples were analyzed with the following results: < 1.0, 2.0, < 1.0, and 1.0. The average statistical result is < 1.3.

Estimated values (i.e., values flagged with a "J" qualifier) should not be used for compliance purposes.

Bacteria Parameters

Report all "non-detect" (e.g., < 2) and "too numerous to count" (TNTC) (e.g., > 2,000) results on DMR supplemental forms as reported by the laboratory. Do not report "TNTC" on supplemental forms, but instead report a value qualified with the ">" symbol. Where a data set includes one or more "non-detect" and/or TNTC results, calculate the geometric mean by ignoring qualifying symbols, but report the value with the symbol. If a data set includes both ">" and "<" qualifiers, the ">" qualifier takes precedence for reporting. For all "non-detect" values, specify in the Comments section of the DMR the maximum volume filtered at the laboratory. Note that DEP considers a DMR with reported values qualified by the ">" symbol for bacteria parameters to be a non-compliance.

Example 1 – For results are determined, < 2, 10, 20, and 30. The geometric mean should be reported as < $(2 \cdot 10 \cdot 20 \cdot 30)^{0.25} = < 10$. Specify the maximum volume filtered for the < 2 result in the DMR Comments.

Example 2 – Three results are determined, < 2, 1,000, and > 2,000. The geometric mean should be reported as > $(2 \bullet 1.000 \bullet 2.000^{0.333} = > 158$.

Rounding and Precision

Statistical values reported on the DMR should be rounded to the same number of decimal places as the limit for the parameter as set forth in the permit. If the permit does not contain a limit but requests monitoring only, statistical values for concentration results should be rounded to the maximum number of decimal places in the data set as reported by the laboratory or the instrument used for analysis. If mass loads must be reported and there is no limit, round statistical values to the nearest whole number, unless the calculated number is less than one, in which case the value should be rounded to one significant figure (e.g., 0.1, 0.05, etc.). If the number you are rounding is followed by 5, 6, 7, 8, or 9, round the number up, otherwise round down.

DEP's "Discharge Monitoring Reports: A Guide to Electronic and Paper DMR Reporting" (3800-BK-DEP3047) publication contains more information and are incorporated by reference. This document is available on DEP's website.